

PUNCHED  
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

5825

1306

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

## 1. PLACE OF DEATH

A. COUNTY **MARICOPA**

## B. LENGTH OF STAY

IN THIS TOWN **7 YR** IN ARIZONA **7 YR**

## 2. USUAL RESIDENCE

(WHERE DECEASED LIVED.  
IF INSTITUTION: RESIDENCE BEFORE ADMISSION)A. STATE **ARIZONA**B. COUNTY **MARICOPA**C. CITY  
OR  
TOWN **PHOENIX**☒ IN CITY LIMITS  
☐ OUTSIDE CITY LIMITSC. CITY  
OR  
TOWN **PHOENIX**☒ IN CITY LIMITS  
☐ OUTSIDE CITY LIMITSD. FULL NAME OF  
HOSPITAL OR  
INSTITUTION **3832 N. 8TH ST.**D. STREET (IF RURAL, GIVE LOCATION) ADDRESS **3832 N. 8TH ST.**E. IS RESIDENCE ON A FARM?  
YES ☐ NO ☒3. NAME OF  
DECEASEDA. (FIRST) **CHARON**B. (MIDDLE) **LEE**C. (LAST) **HARVILL**4. SEX **FE**5. COLOR OR RACE **CAUC.**6A. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (SPECIFY)  
**MARRIED**

## 6B. NAME OF SPOUSE

**FRED HARVILL**

7. DATE OF BIRTH

MONTH **7** DAY **18** YEAR **1937**

8. AGE (IN YEARS)

LAST BIRTHDAY) MONTHS **23**

IF UNDER 1 YEAR

MONTHS **23**

IF UNDER 24 HRS.

HOURS **23**9A. USUAL OCCUPATION (GIVE KIND OF  
WORK DURING MOST OF LIFE EVEN IF RETIRED)  
**HOUSEWIFE**9B. KIND OF BUSI-  
NESS OR INDUSTRY**----**10. BIRTHPLACE (STATE  
OR FOREIGN COUNTRY)**MICHIGAN**11. CITIZEN OF WHAT  
COUNTRY?**U.S.**12. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(YES, NO, OR UNKNOWN)**NO**13. SOCIAL SECURITY  
NO.**628-50-4358**

## 14A. FATHER'S NAME

**A. LYLE INGRAM**14B. BIRTHPLACE  
(STATE OR COUNTRY)**MICHIGAN**

## 15A. MOTHER'S MAIDEN NAME

**HELEN YOUNG**15B. BIRTHPLACE  
(STATE OR COUNTRY)**MICHIGAN**

## 16. INFORMANT'S SIGNATURE

**FRED HARVILL 3832 N. 8TH ST., PHX.**

## ADDRESS

17. DATE  
OF DEATH(MONTH) **JULY** (DAY) **3** (YEAR) **1961**

## 18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER  
LINE FOR (A), (B), (C).THIS DOES NOT MEAN THE  
MODE OF DYING, SUCH AS  
HEART FAILURE, ASTHMA,  
ETC. IT MEANS THE DISEASE,  
INJURY, OR COMPLICATION  
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATHANTECEDENT CAUSES  
MORBID CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE  
CAUSE (A) STATING THE UN-  
DERLYING CAUSE LAST.II. OTHER SIGNIFICANT CONDITIONS  
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT  
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

## MEDICAL CERTIFICATION

(A) **Congestive Heart Failure**DUE TO (B) **Congenital Heart Disease**

DUE TO (C)

INTERVAL BETWEEN  
ONSET AND DEATH

## 19A. DATE OF OPERATION

## 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **April 15, 1961** TO **July 3, 1961** THAT I LAST SAW THE DECEASED  
ALIVE ON **July 1, 1961** AND THAT DEATH OCCURRED AT **7:00** M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

## 22A. SIGNATURE

**William W. Bond**

## (DEGREE OR TITLE)

**MD**

## 22B. ADDRESS

**1313 N 2nd St**

## 22C. DATE SIGNED

**July 5, 1961**23A. ACCIDENT  
SUICIDE  
HOMICIDE  
NATURAL CAUSE

(SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME,  
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

## 23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)  
OF  
INJURY**M**23E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

## 23F. HOW DID INJURY OCCUR?

## 24A. CORONER'S SIGNATURE

## 24B. ADDRESS

## 24C. DATE SIGNED

25A. BURIAL ☒  
CREMATION ☐ REMOVAL ☐

## 25B. DATE

**7-5-61**

## 25C. NAME OF CEMETERY OR CREMATORY

**MEMORY LAWN**

## 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

**PHOENIX, ARIZ.**26A. DATE REC.  
BY LOCAL REG.**7-7-61**

## 26B. REGISTRAR'S SIGNATURE

**Helen E. Marnaby**

## 27A. FUNERAL DIRECTOR'S SIGNATURE

**Ralph S. Sage**

## 27B. ADDRESS

## 28A. EMBALMER'S SIGNATURE

**John R. Phaden**28B. EMBALMER'S  
CERT. NO.**372-A**